

Wisconsin Conditional Release Program Consultation Report

Purpose: Pursuant to a Memorandum of Understanding executed December 1, 2003, I have conducted a review of the Wisconsin Conditional Release Program. The purpose of the review was to ensure that the program is meeting its stated objectives and to offer quality improvement suggestions both for the program operation and its fiscal functions.

Methods: Prior to the visit from December 2-5, 2003, I reviewed DHFS Division of Disability and Elder Services' Conditional Release Program and Provider Annual Reports for the past four fiscal years. Additionally, I participated in two phone conference calls in order to gather information about the program and to prepare the itinerary.

The consultation itself included meetings on Tuesday December 2, 2003 with the Supervised Release Program Administrator, as well as meetings on Wednesday, December 3, 2003 with the Conditional Release Central Office Staff, Conditional Release Program Provider Supervisors, and the Deputy Director for Administration.

On Thursday, December 4, 2003, I visited Dane County's Community Treatment Alternative (CTA) and Fon du Lac's Adult Care Consultants Programs in order to observe staffings and individual client supervision sessions.

Finally, on December 5, 2003 I provided an all-day presentation at the Conditional Release Program's Annual Summit Meeting at Mendota Mental Health Institute.

Major Findings:

- I. ***Driving Characteristics of Program:*** The Wisconsin Conditional Release Program stands out in three areas from the 15 organized Conditional Release Programs in America that serve the Not Guilty by Reason of Insanity population:
 - A. It is a fixed responsibility of the State. (This feature is similar only to the States of California and Louisiana).
 - B. Wisconsin Statute provides for a reduced maximum term of commitment—which term tolls while acquittees are on outpatient status in the community. While other states provide for the term to toll during outpatient status, Wisconsin is unique in that its maximum term of commitment is reduced below that provided were the person convicted and punished for the same crime.
 - C. Wisconsin Statute uniquely requires the Department of Corrections' Probation and Parole Services to provide supervision services to conditionally released persons.

- II. **Key Features of Program:** The Wisconsin Conditional Release Program has several unique features:
- A. Providers act as “service brokers.” The model for statewide coverage enlists private non profit providers to serve as case managers and “brokers” to link clients to locally based services which are provided by themselves or other agencies depending on service availability or individual need. This relieves the state of the responsibility of direct provision of service and of having multiple contracts.
 - B. As a result of the legal framework (reduced maximum term and outpatient time tolling), the program probably serves to divert people from probation and jail incarceration (and probably state hospitalization) to outpatient conditional release. This is separate from the State’s Section 51 Outpatient Commitment.
 - C. The program has incorporated Recovery/Community Reintegration values consistent with the State Community Mental Health Model. These values permeate the program.
 - D. The local programs are directed by licensed staff who supervise case managers who are not required to be licensed. This use of unlicensed staff results in overall cost savings compared to some other states.
 - E. There is evidence of consciousness of the need for cost containment at all levels of the program (most notably at the provider level.)
 - F. The program provides for an “exit strategy” by preparing and linking patients to naturally occurring support systems in their community that will be available to them after commitment. This minimizes the problem of transition after “unconditional” release.
 - G. In the case of revocations to the State Forensic Institutes, a phone conference is held within 5 days of return to determine whether there is a possibility to return the client to community supervision. This ensures that all safe alternatives to rehospitalization are exhausted.
- III. **Central Dynamic:** In my opinion the program is uniquely “driven” by the following dynamic.
- A. The decreased maximum term and the outpatient term tolling probably leads to:
 - (1) increased NGRI pleadings, and
 - (2) diversion from Probation and Local Jails.
 - B. This probably increases outpatient population (probably not at Forensic Institutes’ Expense in that it is probable that were CR not an option, many cases going directly to the program from Courts would be sent to other “less optimal” alternatives rather than to state hospitals.)
 - C. In my opinion, these factors combine to reduce the Conditional Release Community Population’s average age, length of stay, and,

(probably) demographic risk characteristics (of gender, criminal and state hospital history).

- IV. ***Overall Assessment:*** Based on my review of reports over the past four fiscal years, discussion with program administration and providers and site visits, it would appear that the Wisconsin Conditional Release Program is providing an exceptional program.

Forensic Institutes appear to be preparing their patients well for conditional release. There is a system of services available to all areas of the state (including remote rural counties). The Community Providers who provide this system are very client-centered, flexible and resourceful in meeting individual needs. Finally, specialized Probation/Parole Officers provide the structure that allows many clients to devote themselves to the opportunity for community reintegration and leading safe, sane and productive lives. All of this appears to be provided at reasonable cost with an eye to cost containment.

- V. ***Quality Improvement Suggestions:*** On the basis of this consultation, I would make several suggestions in the hope of improving what is already an excellent service system.

- A. *Distinguish Populations Served:* The program may be serving two distinct populations (Direct Court and Hospital Referred Clientele). These populations may have differing characteristics and needs and, perhaps, pose different risk potentials based on their demographics and criminal histories. I would suggest that at a minimum the program distinguish these two groups in the data system in order to track demographics and outcomes.
- B. *Introduce Survival Analysis:* The program is involved in an organized effort to develop data on recidivism and study recidivism trends. I would suggest that administration consider implementing a survival analysis methodology. Such a method of evaluating outcomes would show differences within the population through time and allow for post program outcome analysis. To focus on survival rather than recidivism is also much more consistent with the program philosophy.
- C. *Introduce Risk Management Strategy:* While program values (of client-centered recovery and community reintegration) are quite clearly seen, its emphasis on community safety seems to be downplayed. I would suggest that the “next step” for this program would be to explore and implement some sort of risk management/risk profiling strategy consistent with recently developing innovations in research. This would increase the program’s forensic focus and allow service providers and supervisors the means to demonstrate that their activities are all directed toward the criminal behaviors that brought the clients to their program in the first place.

- D. *Revocation Access to Institutes*: Given the population served and especially in light of community reintegration philosophy and values, I would recommend that Department administration work to eliminate or diminish any barriers to more immediate access to Institutes for persons being revoked. At the present time clients sometimes have to wait for up to two or three weeks in local jails for a bed. This may result in further decompensation due to stress.
- E. *Linkages*: The unique program model (vesting supervision with the DOC) creates the potential for a “division of labor” or even “splitting” between the treatment and supervision staff. I would suggest that administration work on a process of continual improvement of DOC and Hospital linkages so that everyone involved with NGI clients understand that they have unified goals despite unique roles and professional perspectives.
- F. *Courts*: The role of the providers with regard to the Courts can be enhanced with regard to training in procedures and discussion of case outcomes.
- G. *Evaluation and Review Issues*: The program does have defined outcome measures relevant to its task. It uniquely requires providers to prepare annual reports which are somewhat standardized around key areas. It is developing client satisfaction surveys as well. It may want to consider implementing some sort of regular cycle of formalized program review wherein a team of central office, program peer, and even hospital staff conduct a thorough evaluation of program policy, procedures and services. Such a review would also interview key customers such as court officers and clients.
- H. *Fiscal Issues*: I would suggest that the program “unbundle” client rent costs and payments from gross program costs and revenues. While these are legitimate costs of the program, it is difficult to evaluate how much program cost is offset by client (46-10) revenue beyond rent payment. The current practice of including these into gross costs artificially increases gross program costs and revenues and seems to “mask” other client contributions to share of cost.

Overall, I would say that the Wisconsin Conditional Release Program has implemented an excellently managed and operated program in a very short period of time. Adapting to its statutory framework and community mental health philosophy and service system, the program is second to none in this country.

I also commend the state for recognizing the unique aspects of this population by establishing a separate program of Supervised Release for Sexually Violent Predators.

Given the performance of this program and its set of community providers, administration might consider its relevance to other CAREFULLY SELECTED severely and persistently mentally disabled forensic populations. Of course this would involve expanded caseload funding and (perhaps) statutory mechanisms, but the program model could be useful to new but similar populations.

Finally, I would be remiss if I did not point out that a program of this caliber simply does not “just happen.” It is the result of considerable commitment by policy makers and is a continuing consistent priority of successive administrations. It is also the result of dedicated work of key central office staff who have made this program what it is today.

Thank you for the opportunity to review and visit your program. If I can be of any assistance in helping you achieve your goals in the future please do not hesitate to call on me.

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